

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 012993-000600US

First Inventor

CRESS, JONATHAN H.

Title

ASEPTIC EYEDROPPER AND METHOD FOR ITS  
USE

Express Mail Label No.

EV 348063524US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning design patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification w/title pg [Total Pages 9 ]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross Reference to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to sequence listing, a table,  
or a computer program listing appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings ( if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C.113) [Total Sheets 4 ]
5. ☒ Oath or Declaration [Total Pages 1 ]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO**Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:  
i. ☐ CD-ROM or CD-R (2 copies); or  
ii. ☐ paper number of pages
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☒ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122  
(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_

Prior application information:

Examiner \_\_\_\_\_

Art Unit: \_\_\_\_\_

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**☒ Customer Number**20350**OR ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

James M. Heslin

Registration No. (Attorney/Agent)

29,541

Signature

Date

August 25, 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 375

Complete if Known

Application Number	
Filing Date	August 25, 2003
First Named Inventor	CRESS, JONATHAN H.
Examiner Name	
Art Unit	
Attorney Docket No.	012993-000600US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card		
<input type="checkbox"/> MoneyOrder	<input type="checkbox"/> Other		
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES	
Deposit Account Number	20-1430	Large Entity	Small Entity
Deposit Account Name	Townsend and Townsend and Crew LLP	Fee Code	Fee (\$)
The Commissioner is authorized to: (check all that apply)		Fee Code	Fee (\$)
<input checked="" type="checkbox"/> Charge fee(s) indicated below		Fee Description	Fee Paid
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
Fee Description			
Fee Paid			
1001 750	2001 375	Utility filing fee	375
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)			(\$)375
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	Extra Claims	Fees from below	Fee Paid
10	-20** = 0	X\$9	\$0
Independent Claims	2	-3** = 0	X\$42
Multiple Dependent		X	
Large Entity	Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)
Fee Description			
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$)0
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	SUBTOTAL (3)
			(\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	James M. Heslin	Registration No. (Attorney/Agent)	29,541	Telephone	650-326-2400
Signature				Date	August 25, 2003

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